

**(CIRCUIT/CHANCERY) COURT OF TENNESSEE  
140 ADAMS AVENUE, MEMPHIS, TENNESSEE 38103  
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS**

**SUMMONS IN CIVIL ACTION**

Docket No. CT-004372-14

☒ Lawsuit  
☐ Divorce

Ad Damnum \$ \_\_\_\_\_

MARTHA JANE RENFROE JONES,

THE VILLAGES OF GERMANTOWN,  
THE VILLAGES OF GERMANTOWN, INC.,  
CRSA/LCS DEVELOPMENT, LLC, and  
CRSA/LCS MANAGEMENT, LLC,

VS

Plaintiff(s)

Defendant(s)

TO: (Name and Address of Defendant (One defendant per summons))

Method of Service:

The Villages of Germantown, Inc.  
Serve Through an Officer or Managing Agent  
7820 Walking Horse Circle  
Germantown, Tennessee 38138

- ☐ Certified Mail  
☐ Shelby County Sheriff  
☐ Commissioner of Insurance (\$)  
☐ Secretary of State (\$)  
☐ Other TN County Sheriff (\$)  
☒ Private Process Server  
☐ Other

(\$ Attach Required Fees

You are hereby summoned and required to defend a civil action by filing your answer with the Clerk of the Court and serving a copy of your answer to the Complaint on Frank B. Thacher, III Plaintiff's attorney, whose address is 130 N. Court Ave., Memphis, Tennessee 38103, telephone +1 (901) 524-5163 within THIRTY (30) DAYS after this summons has been served upon you, not including the day of service. If you fail to do so, a judgment by default may be taken against you for the relief demanded in the Complaint.

JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Master

TESTED AND ISSUED

10-16-14

By

AB

, D.C.

TO THE DEFENDANT:

NOTICE; Pursuant to Chapter 919 of the Public Acts of 1980, you are hereby given the following notice:

Tennessee law provides a four thousand dollar (\$4,000) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the Clerk of the Court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed. These include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

FOR AMERICANS WITH DISABILITIES ACT (ADA) ASSISTANCE ONLY, CALL (901) 222-2341

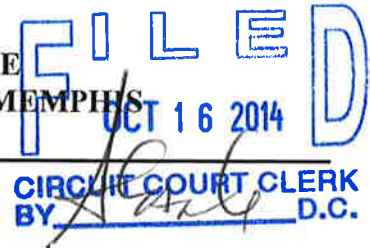
I, JIMMY MOORE / DONNA RUSSELL, Clerk of the Court, Shelby County, Tennessee, certify this to be a true and accurate copy as filed this

JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Master

By: \_\_\_\_\_, D.C.



IN THE CIRCUIT COURT OF TENNESSEE  
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS



MARTHA JANE RENFROE JONES,

Plaintiff,

v.

THE VILLAGES OF GERMANTOWN,  
THE VILLAGES OF GERMANTOWN, INC.,  
CRSA/LCS DEVELOPMENT, LLC, and  
CRSA/LCS MANAGEMENT, LLC,

Defendants.

No. CT-004382-14  
Div. VIII  
JURY DEMANDED

COMPLAINT FOR PERSONAL INJURY

COMES NOW Plaintiff Martha Jane Renfroe Jones files this Complaint for Personal Injury against Defendants The Villages of Germantown, The Villages of Germantown, Inc., CRSA/LCS Development, LLC, and CRSA/LCS Management, LLC, stating as follows:

1. Plaintiff Martha Jane Renfroe Jones is an adult resident citizen of DeSoto County, Mississippi.
2. Defendant The Villages of Germantown is a for-profit nursing home licensed to do business in Tennessee and is providing skilled nursing services at 7930 Walking Horse Circle, Germantown, Tennessee 38138. Defendant can be served with process through an officer or managing agent at 7930 Walking Horse Circle, Germantown, Tennessee 38138. Defendant has employees, agents, and/or contractors who perform professional nursing services within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its

physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

3. Defendant The Villages of Germantown, Inc. is a for-profit corporation licensed to do business in Tennessee and is providing skilled nursing services at 7820 Walking Horse Circle, Germantown, Tennessee 38138. Defendant can be served with process through an officer or managing agent at 7820 Walking Horse Circle, Germantown, Tennessee 38138. Upon information and belief, Defendant owns, operates, and manages The Villages of Germantown. Defendant has employees, agents, and/or contractors who perform professional nursing services within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

4. Defendant CRSA/LCS Development, LLC is a for-profit limited liability company organized and existing under the laws of the State of Iowa, with its principal place of business at 400 Locust Street, Suite 820, Des Moines, Iowa 50309. Defendant may be served with process through its registered agent for service, National Corporate Research, LTD, Inc., 992 Davidson Drive, Suite B, Nashville, Tennessee 37205. Upon information and belief, Defendant owns, operates, and manages The Villages of Germantown. Defendant has employees, agents, and/or contractors who perform professional nursing services at The Villages of Germantown within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its physicians, nurses, employees and/or agents, as described herein,

pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

5. Defendant CRSA/LCS Management, LLC is a for-profit limited liability company organized and existing under the laws of the State of Iowa, with its principal place of business at 400 Locust Street, Suite 820, Des Moines, Iowa 50309. Defendant may be served with process through its registered agent for service, National Corporate Research, LTD, Inc., 992 Davidson Drive, Suite B, Nashville, Tennessee 37205. Upon information and belief, Defendant owns, operates, and manages The Villages of Germantown. Defendant has employees, agents, and/or contractors who perform professional nursing services at The Villages of Germantown within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

6. The acts and omissions that give rise to this lawsuit all occurred in Shelby County, Tennessee. This Court has proper jurisdiction and venue over this action and the parties hereto.

7. Plaintiff has complied with the provisions of Tenn. Code Ann. § 29-26-121(a) by mailing, by certified mail, notice of claim to Defendants at the address for their registered agents for service of process and/or their current business addresses. This is evidenced by the attached Affidavit of Erick Anderson, which states that such actions occurred and further shows that notice of claim was timely sent, by certified mail, to Defendants on February 26, 2014. See Exhibit A. Pursuant to Tenn. Code Ann. § 29-26-121(a)(4), a copy of the written notice sent to Defendants is attached to the Affidavit of Erick Anderson. The certificates of mailing from the

United States Postal Service (“USPS”), stamped with the date of mailing, are also attached to the Affidavit of Erick Anderson, and establish that the specified notice was timely mailed by certified mail, return receipt requested. Also attached to the Affidavit of Erick Anderson are the certified mail receipts (PS Form 3800). The notice requirements of Tenn. Code Ann. § 29-26-121 have been satisfied.

8. Plaintiff has timely complied with the notice requirements of Tenn. Code Ann. § 29-26-121(a) by giving notice and the documents required to Defendants at least sixty (60) days before filing the instant complaint.

9. Plaintiff’s counsel has consulted with one or more medical experts who have provided signed written statements confirming that, upon information and belief, they are competent under Tenn. Code Ann. § 29-26-115 to express opinions in this case and believe, based on the information available from the medical records concerning the care and treatment for the incidents at issue, that there is a good faith basis for maintaining this action consistent with the requirements of Tenn. Code Ann. § 29-26-115. A certificate of good faith signed by Plaintiff’s counsel is being filed contemporaneously herewith pursuant to the requirements of Tenn. Code Ann. § 29-26-122.

### **FACTUAL ALLEGATIONS**

10. Prior to June 3, 2013, Martha Jones, who was 83 years old at the time, lived at home with her family and was independent with all activities of daily living.

11. On June 3, 2013, Ms. Jones underwent a left total knee replacement surgery as a result of severe arthritis in that knee. The surgery was performed by Dr. Owen Tabor, Jr. at Saint Francis Surgery Center in Memphis. On June 10, 2013, Ms. Jones was discharged from Saint Francis Hospital and admitted to The Villages of Germantown for rehabilitation of her left knee.

At the time of admission to The Villages of Germantown, Ms. Jones' left leg was in an immobilizer brace and she required assistance with transfers and activities of daily living, including toileting. Prior to her surgery, Ms. Jones was continent of bowel and bladder and was able to use the toilet without assistance.

12. On the evening of June 21, 2013, Ms. Jones had to use the bathroom, so she pressed the call light to summon the nursing staff. No nurses came to check on her, so Ms. Jones continued to press the call light. Despite numerous attempts to summon the nursing staff, no one came to check on Ms. Jones, so she wet herself and the bed, having no assistance to transfer to the toilet.

13. On the evening of June 22, 2013, Ms. Jones again had to use the bathroom, so she again pressed the call light to summon the nursing staff. Just as with the night before, no nurses responded to the call light. After approximately forty (40) minutes of pressing the call light with no response, Ms. Jones was determined not to wet herself again, so she attempted to get out of bed and walk to the restroom. In the process of getting out of bed and walking to the bathroom, Ms. Jones suffered a fall, which was a direct result of the nursing staff's failure to respond to the call light, their failure to assist her to the toilet, and their failure to properly position the bedside commode. Ms. Jones laid on the floor for approximately thirty (30) minutes before being found by a nurse aide.

14. In the days after the fall, Ms. Jones suffered pain in both lower extremities and her hips, as well as swelling in her right ankle.

15. The nursing chart notes that, on June 26, 2013, Ms. Jones was moved to a different room due to concerns of the nursing staff not responding fast enough to the call light.

16. Ms. Jones saw Dr. Tabor on July 11, 2013, at which time she informed him of pain in her right foot that she related to the fall and that was rendering her unable to bear weight on her right foot during physical therapy. Dr. Tabor ordered an x-ray of her right foot, which showed a possible third metatarsal fracture. He ordered her right foot to be placed in a walking cast.

17. Dr. Tabor saw Ms. Jones again on July 31, 2013, at which time he noted very little progress with her right foot, as well as slow progress with her left knee. Dr. Tabor was not optimistic that a cast would achieve the goal of Ms. Jones being able to walk and bear weight on her right foot, so he recommended a gastrocnemius resection or a Z-lengthening of the right Achilles tendon.

18. On August 1, 2013, Dr. Tabor performed surgery on Ms. Jones at Saint Francis Surgery Center. He initially performed a gastrocnemius resection, but because Ms. Jones did not gain much dorsiflexion of her ankle from that procedure, he proceeded with a Z-lengthening of the Achilles tendon. A full cast was placed after surgery.

19. Ms. Jones returned to Dr. Tabor for a post-operative visit on August 5, 2013, at which time Dr. Tabor noted that she “had a rough weekend as far as pain was concerned.”

20. Ms. Jones’s right foot remained in a cast or brace for over two months following the surgery, during which time her foot was painful and presented much difficulty walking. Additionally, the problems with her right foot from the fall hindered her left knee rehabilitation and therapy.

**COUNT I**  
**HEALTH CARE LIABILITY**

21. Defendants owed a duty to their residents, including Martha Jones, to provide care, treatment, and services to her within the recognized standards of acceptable professional



practice of nurses, nursing aides, and nursing homes applicable to them in Shelby County, Tennessee and similar communities.

22. During her residency at The Villages of Germantown, it was the responsibility of Defendants and their employees to properly assess Ms. Jones' risk for falling and to take the necessary and appropriate interventions to prevent her from sustaining a fall.

23. Defendants breached the duty owed to their residents, including Martha Jones, and were negligent in their care and treatment of Ms. Jones, through their acts or omissions, which include, but are not limited to, the following:

- (a) Failure to properly assess and monitor Ms. Jones' risk for falling;
- (b) Failure to take the necessary and appropriate interventions to prevent Ms. Jones from suffering a fall;
- (c) Failure to timely respond to Ms. Jones' call light;
- (d) Failure to properly place Ms. Jones' bedside commode to minimize her risk of suffering a fall;
- (e) Failure to take the necessary precautions to prevent Ms. Jones from suffering a fall; and
- (f) Failure to provide Ms. Jones with the reasonable and necessary care that would have prevented her from injury while she was a resident at Signature Healthcare at Saint Francis.

Each of the aforesaid acts or omissions set forth above, singularly or in combination, directly and proximately caused injury to Plaintiff.

24. Defendants are responsible and vicariously liable for the negligent acts and omissions of their physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

## **COUNT II**

### **COMMON LAW NEGLIGENCE**

25. Defendants owed a common law duty to their residents, including Ms. Jones, to provide appropriate, adequate, and basic care and services.



26. During her residency at The Villages at Germantown, it was the responsibility of Defendants and their employees to take ordinary and reasonable precautions to prevent Ms. Jones from suffering injuries.

27. To the extent that Defendants' conduct is not health care liability, Defendants breached the duty owed to their residents, including Ms. Jones, through their acts or omissions, which include, but are not limited to, the following:

- (a) Failure to provide Ms. Jones with basic and necessary care and supervision;
- (b) Failure to notify timely Ms. Jones family of her changes in state and condition;
- (c) Failure to protect Ms. Jones from abuse and neglect;
- (d) Failure to provide staff sufficient in number to provide 24-hour care and services to each resident so as to ensure that Ms. Jones received necessary care;
- (e) Failure to adequately hire, train, supervise and retain a sufficient amount of competent and qualified staff to ensure that Ms. Jones received care and services in accordance with state and federal laws; and
- (f) Failure of high managerial agents and corporate officers to adequately hire, train, supervise, and retain the administrator and director of nurses so as to assure that Ms. Jones received care in accordance with the Defendants' policy and procedure manual and state and federal law.

Each of the aforesaid acts or omissions set forth above, singularly or in combination, directly and proximately caused injury to Plaintiff.

28. Defendants are responsible and vicariously liable for the negligent acts and omissions of their physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

### **DAMAGES**

29. As a direct and proximate result of Defendants' negligence, Plaintiff sustained injuries and damages, including, but not limited to, the following:

- (a) Severe pain and suffering;
- (b) Extreme mental anguish and psychological injuries;
- (c) Permanent injury and disfigurement;

- (d) Medical expenses; and
- (e) Loss of enjoyment of life.

30. As a direct and proximate result of Defendants' failure to comply with the Tennessee Adult Protection Act, Plaintiff suffered serious injuries and is entitled to recover for said injuries. Defendants are liable to Plaintiff for all damages recoverable under the aforementioned statutes and/or regulations.

31. Defendants' conduct was negligent, grossly negligent, reckless, malicious, and/or intentional, thereby making Defendants liable for punitive damages.

WHEREFORE, PREMISES CONSIDERED, Plaintiff Martha Jane Renfroe Jones prays:

- (1) That she recover all damages recoverable for the personal injury in a reasonable amount to be determined by a jury;
- (2) That she be awarded punitive damages sufficient to punish Defendants for their egregious conduct and to deter Defendants and others from repeating said conduct; and
- (3) That she be awarded postjudgment interest as well as all discretionary costs and other relief to which she may be entitled.

**PLAINTIFF DEMANDS THAT THIS CASE BE TRIED BY A JURY.**

Respectfully submitted,

BURCH, PORTER & JOHNSON, PLLC



Frank B. Thatcher, III (#23925)  
130 North Court Avenue  
Memphis, Tennessee 38103  
(901) 524-5000

THE FUTHEY LAW FIRM, PLC

Malcolm B. Futhey, III (#24432)

1440 Poplar Avenue

Memphis, Tennessee 38104

(901) 725-7525

Attorneys for Plaintiff

**Affidavit of Person Mailing Notice**

State of Tennessee                     )  
   )  
County of Shelby                     )

Comes now the Affiant, Erick Anderson who, having first been duly sworn, makes oath that the following statements are true:

I. My name is Erick Anderson, and I am an employee of Burch, Porter & Johnson, PLLC. I am an adult resident citizen, over the age of eighteen (18) years, and am competent to make the statements contained in this Affidavit.

II. On February 26, 2014, I mailed by certified mail, with return receipt requested, after obtaining a Certificate of Mailing from the U.S. Postal Service, stamped with the date of February 26, 2014, the attached notices and all enclosures (which include HIPAA compliant medical authorizations and a list of the names and addresses of each provider who were sent a notice pursuant to Tenn. Code Ann. §29-26-121(a)), which are attached hereto as collective Exhibit A, to the following healthcare providers, as required by Tenn. Code Ann. §29-26-121(a):

1. The Villages of Germantown, Inc.  
7820 Walking Horse Circle  
Germantown, Tennessee 38138
2. The Villages of Germantown  
7930 Walking Horse Circle  
Germantown, Tennessee 38138
3. CRSA/LCS Development, LLC  
c/o National Corporate Research, LTD., Inc.  
Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051
4. CRSA/LCS Development, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334
5. CRSA/LCS Management, LLC  
c/o National Corporate Research, LTD., Inc.



Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051

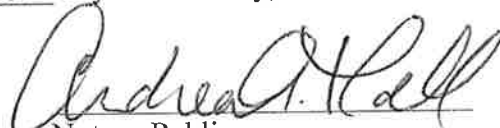
6. CRSA/LCS Management, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334

- III. A copy of the Certificates of Mailing from the U.S. Postal Service, stamped with the date of mailing, are attached hereto as collective Exhibit B for each of the above medical providers.
- IV. A copy of the Certified Mail Receipts (PS Form 3800) are attached hereto as collective Exhibit C for each of the above medical providers.

  
Erick Anderson

Date: 2-26-14

Subscribed and sworn to before me this 26<sup>th</sup> day of February, 2014.

  
Notary Public

My Commission Expires:



Frank B. Thatcher, III  
901-524-5163  
Email: [fthacher@bpjlaw.com](mailto:fthacher@bpjlaw.com)

COPY

February 26, 2014

*Via Certified Mail  
Return Receipt Requested  
Article No. 7013 0600 0001 5692 6022*

The Villages of Germantown, Inc.  
7820 Walking Horse Circle  
Germantown, Tennessee 38138

Re: Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121  
Patient: Martha Jane Renfroe Jones  
Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice

February 26, 2014

Page 2

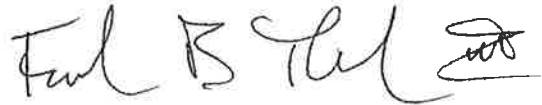
of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

A handwritten signature in dark ink, appearing to read "Frank B. Thacher, III", with a stylized flourish at the end.

Frank B. Thacher, III

Enclosures

cc: Malcolm B. Futhey III, Esq.  
Martha J. Jones



Martha Jones – List of Persons to Whom Notice Is Being Sent

1. The Villages of Germantown, Inc.  
7820 Walking Horse Circle  
Germantown, Tennessee 38138
2. The Villages of Germantown  
7930 Walking Horse Circle  
Germantown, Tennessee 38138
3. CRSA/LCS Development, LLC  
c/o National Corporate Research, LTD., Inc.  
Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051
4. CRSA/LCS Development, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334
5. CRSA/LCS Management, LLC  
c/o National Corporate Research, LTD., Inc.  
Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051
6. CRSA/LCS Management, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334

**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: The Villages of Germantown \_\_\_\_\_  
7930 Walking Horse Circle \_\_\_\_\_  
Germantown, Tennessee 38138 \_\_\_\_\_

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

<u>  X  </u>	Drug and Alcohol Records
<u>  X  </u>	HIV and AIDS Records
<u>  X  </u>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown  
7820 Walking Horse Circle  
Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Martha J. Jones  
Signature of Patient or Personal Representative

12-21-14  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

CRSA/LCS Development, LLC  
TO: c/o National Corporate Research, \_\_\_\_\_  
LTD., Inc. \_\_\_\_\_  
992 Davidson Drive, Suite B \_\_\_\_\_  
Nashville, Tennessee 37205-1051

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

<input checked="" type="checkbox"/>	Drug and Alcohol Records
<input checked="" type="checkbox"/>	HIV and AIDS Records
<input checked="" type="checkbox"/>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown  
7820 Walking Horse Circle  
Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

  
Signature of Patient or Personal Representative

12-21-13  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: CRSA/LCS Development, LLC  
c/o Jennifer A. Beal  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

<input checked="" type="checkbox"/>	Drug and Alcohol Records
<input checked="" type="checkbox"/>	HIV and AIDS Records
<input checked="" type="checkbox"/>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown  
7820 Walking Horse Circle  
Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Martha J. Jones  
Signature of Patient or Personal Representative

12-31-13  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: CRSA/LCS Management, LLC  
c/o National Corporate Research, LTD., Inc.  
992 Davidson Drive, Suite B  
Nashville, Tennessee 37205-1051

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

<input checked="" type="checkbox"/>	Drug and Alcohol Records
<input checked="" type="checkbox"/>	HIV and AIDS Records
<input checked="" type="checkbox"/>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

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7820 Walking Horse Circle  
Germantown, Tennessee 38138

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- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

  
Signature of Patient or Personal Representative

10-21-18  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL  
INFORMATION PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: CRSA/LCS Management, LLC  
c/o Jennifer A. Beal  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

<u>  X  </u>	Drug and Alcohol Records
<u>  X  </u>	HIV and AIDS Records
<u>  X  </u>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown  
7820 Walking Horse Circle  
Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

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- Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Martha J. Jones  
Signature of Patient or Personal Representative

12-21-14  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)



Frank B. Thacher, III  
901-524-5163  
Email: [ftbacher@bpjlaw.com](mailto:ftbacher@bpjlaw.com)

COPY

February 26, 2014

*Via Certified Mail  
Return Receipt Requested  
Article No. 7013 0600 0001 5692 6039*

The Villages of Germantown  
7930 Walking Horse Circle  
Germantown, Tennessee 38138

Re: Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121  
Patient: Martha Jane Renfroe Jones  
Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice



February 26, 2014

Page 2

of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

A handwritten signature in black ink, appearing to read "Frank B. Thacher, III", with a stylized flourish at the end.

Frank B. Thacher, III

Enclosures

cc: Malcolm B. Futhey III, Esq.  
Martha J. Jones

Martha Jones – List of Persons to Whom Notice Is Being Sent

1. The Villages of Germantown, Inc.  
7820 Walking Horse Circle  
Germantown, Tennessee 38138
2. The Villages of Germantown  
7930 Walking Horse Circle  
Germantown, Tennessee 38138
3. CRSA/LCS Development, LLC  
c/o National Corporate Research, LTD., Inc.  
Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051
4. CRSA/LCS Development, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334
5. CRSA/LCS Management, LLC  
c/o National Corporate Research, LTD., Inc.  
Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051
6. CRSA/LCS Management, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334

**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: The Villages of Germantown \_\_\_\_\_  
7820 Walking Horse Circle \_\_\_\_\_  
Germantown, Tennessee 38138 \_\_\_\_\_

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

<input checked="" type="checkbox"/>	Drug and Alcohol Records
<input checked="" type="checkbox"/>	HIV and AIDS Records
<input checked="" type="checkbox"/>	Mental Health Records

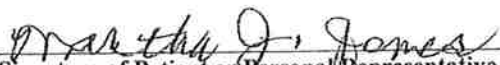
This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown  
7930 Walking Horse Circle  
Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

  
Signature of Patient or Personal Representative

12-21-14  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: CRSA/LCS Development, LLC  
c/o National Corporate Research, LTD., Inc.  
992 Davidson Drive, Suite B  
Nashville, Tennessee 37205-1051

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

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Martha J. Jones  
Signature of Patient or Personal Representative

12-21-13  
Date

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Name of Patient or Personal Representative

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**AUTHORIZATION FOR RELEASE OF MEDICAL  
INFORMATION PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: CRSA/LCS Development, LLC  
c/o Jennifer A. Beal  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

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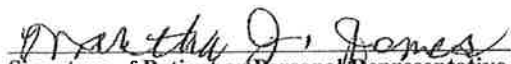
This protected health information is disclosed for the following purposes: Personal injury claim.

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Germantown, Tennessee 38138

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Signature of Patient or Personal Representative

12-21-14  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL**CRSA/LCS Management, LLC **PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: c/o National Corporate Research, \_\_\_\_\_  
 LTD., Inc. \_\_\_\_\_  
 992 Davidson Drive, Suite B \_\_\_\_\_  
 Nashville, Tennessee 37205-1051

Patient Name: Martha J. Jones  
 DOB: 12/20/1929  
 SS#: 432-48-9906

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<u>  X  </u>	Drug and Alcohol Records
<u>  X  </u>	HIV and AIDS Records
<u>  X  </u>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

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 Germantown, Tennessee 38138

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Martha J. Jones  
 Signature of Patient or Personal Representative

12-31-14  
 Date

\_\_\_\_\_  
 Name of Patient or Personal Representative

\_\_\_\_\_  
 Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)



**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: CRSA/LCS Management, LLC  
c/o Jennifer A. Beal  
400 Locust Street, Suite 820  
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

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Martha J. Jones  
Signature of Patient or Personal Representative

12-21-14  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)



Frank B. Thacher, III  
901-524-5163  
Email: [fthacher@bpilaw.com](mailto:fthacher@bpilaw.com)

COPY

February 26, 2014

*Via Certified Mail  
Return Receipt Requested  
Article No. 7013 0600 0001 5692 6046*

CRSA/LCS Development, LLC  
c/o National Corporate Research, LTD., Inc.  
Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051

Re: Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121  
Patient: Martha Jane Renfroe Jones  
Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

February 26, 2014

Page 2

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

A handwritten signature in black ink, appearing to read "Frank B. Thacher, III", with a stylized flourish at the end.

Frank B. Thacher, III

Enclosures

cc: Malcolm B. Futhey III, Esq.  
Martha J. Jones

Martha Jones – List of Persons to Whom Notice Is Being Sent

1. The Villages of Germantown, Inc.  
7820 Walking Horse Circle  
Germantown, Tennessee 38138
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c/o National Corporate Research, LTD., Inc.  
Suite B  
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Nashville, Tennessee 37205-1051
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c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
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c/o National Corporate Research, LTD., Inc.  
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6. CRSA/LCS Management, LLC  
c/o Jennifer A. Beal  
Suite 820  
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**AUTHORIZATION FOR RELEASE OF MEDICAL  
RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: The Villages of Germantown \_\_\_\_\_  
7820 Walking Horse Circle \_\_\_\_\_  
Germantown, Tennessee 38138 \_\_\_\_\_

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

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<input checked="" type="checkbox"/>	Drug and Alcohol Records
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<input checked="" type="checkbox"/>	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC  
c/o National Corporate Research,  
LTD., Inc.  
992 Davidson Drive, Suite B  
Nashville, Tennessee 37205-1051

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

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- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Martha J. Jones  
Signature of Patient or Personal Representative

12-21-14  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

**AUTHORIZATION FOR RELEASE OF MEDICAL  
INFORMATION PURSUANT TO 45 CFR 164.508 (HIPAA)**

TO: The Villages of Germantown \_\_\_\_\_  
7930 Walking Horse Circle \_\_\_\_\_  
Germantown, Tennessee 38138 \_\_\_\_\_

Patient Name: Martha J. Jones  
DOB: 12/20/1929  
SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the **WRITTEN MEDICAL RECORDS**: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. **RADIOLOGY**: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. **PRESCRIPTION RECORDS**: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. **PROTOCOL**: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. **BILLING**: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

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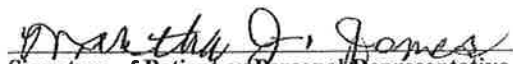
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Signature of Patient or Personal Representative

12-31-14  
Date

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Name of Patient or Personal Representative

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Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Frank B. Thacher, III  
901-524-5163  
Email: [ftthacher@bpilaw.com](mailto:ftthacher@bpilaw.com)

COPY

February 26, 2014

*Via Certified Mail  
Return Receipt Requested  
Article No. 7013 0600 0001 5692 6053*

CRSA/LCS Development, LLC  
c/o Jennifer A. Beal  
Suite 820  
400 Locust Street  
Des Moines, Iowa 50309-2334

Re: Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121  
Patient: Martha Jane Renfroe Jones  
Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

February 26, 2014

Page 2

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physician-patient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

A handwritten signature in black ink, appearing to read "Frank B. Thacher, III", with a stylized flourish at the end.

Frank B. Thacher, III

Enclosures

cc: Malcolm B. Futhey III, Esq.  
Martha J. Jones

Martha Jones -- List of Persons to Whom Notice Is Being Sent

1. The Villages of Germantown, Inc.  
7820 Walking Horse Circle  
Germantown, Tennessee 38138
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Suite B  
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**AUTHORIZATION FOR RELEASE OF MEDICAL  
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Signature of Patient or Personal Representative

12-21-14  
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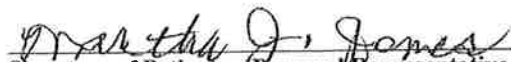
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Email: [ftthacher@bpilaw.com](mailto:ftthacher@bpilaw.com)

COPY

February 26, 2014

*Via Certified Mail  
Return Receipt Requested  
Article No. 7013 0600 0001 5692 5988*

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Suite B  
992 Davidson Drive  
Nashville, Tennessee 37205-1051

Re: Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121  
Patient: Martha Jane Renfroe Jones  
Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.